

90. The method of claims 84-89 further comprising a pharmaceutically acceptable carrier or adjuvant.

Please add new claims 95-117.

95. (New) A method of treating an antibody-mediated autoimmune disorder in a subject suffering from an autoimmune disorder, comprising administering to the subject a pharmaceutical composition comprising a therapeutically effective amount of a soluble lymphotoxin- β receptor (LT β -R).

96. (New) The method of claim 95, wherein the autoimmune disorder is selected from the group consisting of Myasthenia gravis, autoimmune hemolytic anemia, idiopathic thrombocytopenia purpura (ITP), systemic lupus erythematosus (SLE), Wegener's granulomatosis, poly-arteritis nodosa, and rapidly progressive crescentic glomerulonephritis.

97. (New) The method of claim 95, wherein the autoimmune disorder is a chronic inflammatory disease.

98. (New) The method of claim 97, wherein the chronic inflammatory disease is Chagas' disease or Grave's disease.

99. (New) The method according to claim 95, wherein the soluble LT β -R comprises a ligand binding domain that can selectively bind to a surface LT ligand.

100. (New) The method according to claim 95, wherein the ligand binding domain comprises SEQ ID NO: 1, or a functional fragment thereof.

101. (New) The method according to claim 95, wherein the soluble LT β -R further comprises one or more heterologous protein domains.

102. (New) The method according to claim 101, wherein the heterologous protein domain is selected from the group consisting of immunoglobulins, serum albumin, lipoproteins, apolipoproteins, and transferrin.

103. (New) The method according to claim 95, wherein the soluble $LT\beta$ -R comprises a human immunoglobulin Fc domain.

104. (New) A method of inhibiting a humoral response in a subject suffering from a hypersensitivity response, comprising administering to the subject a pharmaceutical composition comprising a therapeutically effective amount of a soluble lymphotoxin- β receptor ($LT\beta$ -R).

105. (New) The method according to claim 104, wherein the soluble $LT\beta$ -R comprises a ligand binding domain that can selectively bind to a surface LT ligand.

106. (New) The method according to claim 104, wherein the ligand binding domain comprises SEQ ID NO: 1, or a functional fragment thereof.

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107. (New) The method according to claim 104, wherein the soluble $LT\beta$ -R further comprises one or more heterologous protein domains.

108. (New) The method according to claim 107, wherein the heterologous protein domain is selected from the group consisting of immunoglobulins, serum albumin, lipoproteins, apolipoproteins, and transferrin.

109. (New) The method according to claim 104, wherein the soluble $LT\beta$ -R comprises a human immunoglobulin Fc domain.

110. (New) The method of claim 104, wherein the hypersensitivity response is a type I response.

111. (New) The method of claim 104, wherein the hypersensitivity response is a type II or type III response.
112. (New) A method of inhibiting a humoral response associated with graft rejection in a subject comprising administering a pharmaceutical composition comprising a therapeutically effective amount of a soluble lymphotoxin- β receptor (LT β -R).
113. (New) The method according to claim 112, wherein the soluble LT β -R comprises a ligand binding domain that can selectively bind to a surface LT ligand.
114. (New) The method according to claim 112, wherein the ligand binding domain comprises SEQ ID NO: 1, or a functional fragment thereof.
115. (New) The method according to claim 112, wherein the soluble LT β -R further comprises one or more heterologous protein domains.
116. (New) The method according to claim 115, wherein the heterologous protein domain is selected from the group consisting of immunoglobulins, serum albumin, lipoproteins, apolipoproteins, and transferrin.
117. (New) The method according to claim 112, wherein the soluble LT β -R comprises a human immunoglobulin Fc domain.
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